



RESIDENT INTERVIEW AND RECORD REVIEW - ATTACHMENT E

AFH AND LICENSEE NAME		LICENSE NUMBER	
INSPECTION DATE		LICENSOR NAME	
INSPECTION TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up <input type="checkbox"/> Monitoring			
RESIDENT #	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRACTITIONER			TELEPHONE NUMBER
REPRESENTATIVE			TELEPHONE NUMBER
OTHER AGENCY			TELEPHONE NUMBER
MEDICAL HISTORY AND DIAGNOSIS			
NEGOTIATED CARE PLAN REVIEW			
RESIDENT INTERVIEW			
A	Key needs and services met:	F	Dignity:
B	Appropriate health care services:	G	Homelike environment:
C	Support of personal relationships:	H	Response to concerns:
D	Reasonable house rules:	I	Sense of well being and safety:
E	Respect of individuality, independence and personal choices:	J	Meals/snacks/preferences:
OTHER			
Related Observations/Interviews/Notes:			

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RESIDENT NUMBER:		<input type="checkbox"/> Closed record: Discharge Date:	
Admit Date:	Yes	No	
Assessment - Date:			
• Qualified Assessor?			
• Assessment prior to admission?			
• Updated q12 mo./significant change/by request?			
Preliminary Service Plan describes problems/needs?			
• Identifies goals/preferences?			
• Describes how needs can be met?			
Negotiated Care Plan - Date:			
• Accurately addresses care/service needs?			
• Identifies preferences/choices?			
• Signed by resident and/or representative?			
• Developed within 30 days?			
Medication log - month(s):			

Review if observation/interview directs review: Accident and Injury log, Admission agreement, Financial records, Legal documents, Nurse delegation documentation, Personal Inventory list, Resident rights.

[illegible]